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COVERLETTER
TO: New Filing Section Division of Corporations
SUBJECT: MUTCHIE MEDICINE LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for fitting.
Please return all correspondence concerning this matter to the following:
Adam Murchie
Name of Person
Firm/Company
9400 Prestwick Place
Addics
Trinity FL 34655 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for return annual report nouncation)
For further information concerning this matter, please call:
Adam Murchie at 727, 207.3024 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status (additional copy is enclosed) □\$155.00 Filing Fee & □\$160.00 Filing Fee. Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Taliahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Murchie Medic	
(Must contain the words "Limited Liability C	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	: Limited Liability Company is:
Principal Office Address:	Mailing Address:
8400 Prestwick Place	<u>Same</u>
-11 mily 1 - 54-055	
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are	l Agent. You must designate an individual or
	<i>Aurchie</i>
Name EAOU Prest Florida street address (P.O. Bo	WICE Place
Trinity F	
City State	Zip
Having been named as registered agent and to accept service of proceed place designated in this certificate. I hereby accept the appointment a further agree to comply with the provisions of all statutes relating to the am familiar with and accept the obligations of my fosition as register	registered agent and agree to act in this capacity. I ne proper and complete performance of my duties, and I

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	,
AMBO	Adam Murchie
/	7,400 Prestwick Place
MGR	Samamba Murchie
	Baod Drestwill Date
ective date is listed, the date must b	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does ament's effective date on the Department's	not meet the applicable statutory filing requirements, this date will no
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